



JON S. CORZINE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration
153 Halsey Street, Newark, NJ 07102



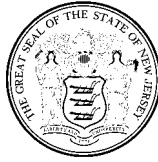
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(973) 504-6215

NOTICE

As of January 7, 2006, Revisions were made to the Charitable Registration & Investigation Act affecting the registration requirements for **both** initial and renewal registration applicants. As a result of those changes, effective July 9, 2006, it is now necessary to **complete and attach the addendum page to your organization's CRI 150I long form initial registration statement; CRI 200 short form verification statement; or CRI 300r long form renewal registration statement**. The Charitable Registration section is currently revising all registration forms to include the addendum's questions and these updated forms will be available for download shortly. In the interim, all submitted registration packets must include the completed addendum to be deemed compliant.



State of New Jersey
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
OFFICE OF CONSUMER PROTECTION
CHARITABLE REGISTRATION & INVESTIGATION SECTION
124 HALSEY STREET, PO BOX 45021
NEWARK, NJ 07101
(973) 504-6215

Long Form Renewal Registration Statement CRI-300R

To be completed annually by charitable organizations filing a Renewal Registration Statement and Financial Report. If a pre-addressed mailing label is affixed and any information on the label is wrong, please correct it. If there is no label, print the full name of the organization and address below.

1. Organization Name: _____

Registration Statement For Fiscal Year Ending _____
Month Day Year

CH _____ Federal Employer _____
New Jersey Charities Registration number Identification number

Telephone number _____ Fax number _____
(Include area code) (Include area code)

Internet Address _____

2. Does the organization solicit funds under any name or names other than as indicated on the label as printed at the top of this form? ☐ Yes ☐ No If "Yes," indicate the other name or names.

3. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☐ No
If "YES," attach a list indicating the address and telephone number of each office in New Jersey.

4. If the address listed above is not where the organization's official records are kept, or the organization maintains no office, indicate the name and address of the person having custody of the organization's records, and to whom correspondence should be addressed.

Name _____

Street address _____
City State ZIP Code

Telephone number _____ Fax number _____
(Include area code) (Include area code)

5. What are the specific programs and charitable purposes for which contributions are used?

6. Since the last filing of its Initial or Renewal Registration Statement, did the organization use an independent paid fund raiser or fund raising counsel? ☐ Yes ☐ No

For each independent (attach separate sheet if more than one) paid fund raiser or fund raising counsel indicate:

Name

Address

City State ZIP Code

Telephone #

 (Include area code) Fax #

 (Include area code)

CH

 New Jersey Charities Registration number

7. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer this year? ☐ Yes ☐ No If "YES," please explain:

8. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☐ No If "YES," attach a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach an explanation on a separate sheet of paper.

9. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employee ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrants fitness to perform activities regulated by this act? ☐ Yes ☐ No A plea of guilty, nonvult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.

If "YES," attach a copy of any orders, judgement or other documents which show the final disposition of the matter.

9a. Provide the following information for each officer, director, trustee and five most highly compensated executive staff employees: (A list may be attached.)

Name	Title	Street address	Telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings, pending in this or any other jurisdiction?

☐ Yes ☐ No If “YES,” attach a copy of any orders, judgements or other documents which show the final disposition of the matter.

We understand that this registration will be accepted only if the requirements of the CRI Act are met. We agree to cooperate fully with any requests by the Attorney General or the Division of Consumer Affairs to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent regulations. We hereby certify that the above statements are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

_____ <i>Signature</i>	_____ <i>Title and Date</i>
_____ <i>Signature</i>	_____ <i>Title and Date</i>

To be signed by two authorized officers of the organization, including the chief fiscal officer.

☐ If there is only one authorized officer, please check here.

After this report has been fully executed by two authorized officers, including the chief fiscal officer, send it to: New Jersey Division of Consumer Affairs, Regulated Business Section, Charitable Registration & Investigation, P.O. Box 45021, Newark, New Jersey 07101.

Long Form Registration Statement CRI-300R

Financial Statement

Full official name and address of organization

Name _____

Street address _____

City

State

ZIP Code

CH _____ Telephone number _____

(New Jersey Charities Registration number)

(Include area code)

A. Receipts

Line 1. Contributions

Line 1a. Direct Public Support

- 1) Direct Mail _____
- 2) Telephone Solicitation Campaign _____
- 3) Commercial co-venturers _____
- 4) Gross receipts from fund raising events _____
- 5) Corporations and other businesses _____
- 6) Foundations and Trusts _____
- 7) Donated land, buildings, property, equipment,
and materials _____
- 8) Legacies and Bequests _____
- 9) Membership dues solely
resulting from solicitations _____
- 10) Other (Specify) _____
- 11) Total Direct Public Support
add lines 1a1 thru 1a10 _____

Line 1b. Indirect Public Support

- 1) Federated Fund Raising Organizations _____
- 2) From affiliated organizations _____
- 3) From other fund raising organizations _____
- 4) Total Indirect Public Support
add lines 1b1 thru 1b3 _____

Line 1c. Gross Contributions

(add lines 1a11 and 1b4) _____

**The total on this line is used to determine
the proper registration fee.**

Line 2. Government Grants Including Purchase of Service Contracts
Specify Agency

2a. _____

2b. _____

2c. _____

2d. _____

2e. Total Government Grants
(add line 2a through 2d) _____

Line 3. Other Support

3a. Bona fide Membership Dues _____

3b. Program Service Revenue _____

3c. Professional services rendered by volunteers

3d. Interest, investment, rental
and inventory sales income _____

3e. Total Other Support
(add lines 3a thru 3d) _____

Line 4 Total Gross Revenue
(add lines 1c, 2e, and 3e) _____

The total on this line is used to determine the proper financial report.

B. Expenses

Line 1. Program _____

Line 2. Management and General _____

Line 3. Fund raising _____

Line 4 Total Expenses
(add lines B1, B2, and B3) _____

C. Excess or deficit for the year ended _____

Subtract Line B4 from Line A4 _____

D. Fund Balance

Line 1. Fund Balance at beginning of the year _____

Line 2. Other Changes in Fund Balance _____

Line 3. Fund Balance at the end of the year (add lines C, D1, and D2) _____

We hereby certify that the above statements are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature

Title and Date

Signature

Title and Date

To be signed by two authorized officers of the organization, including the chief fiscal officer.

☐ If there is only one authorized officer, please check here.

NJ OFFICE OF THE ATTORNEY GENERAL

Division of Consumer Affairs

Charities Registration & Investigation Section

Addendum to the Long Form Renewal Registration Form

CRI-300R

Page 1 of 2

Organization Name: _____ ***Charities Number: CH*** _____

Fiscal Year End being reported: / / ***Renewal Registration***

ATTENTION:

Attach the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization was required to file these forms with the IRS. Attach a copy of the organization's annual financial report, including an audited financial statement, if the organization received gross revenue in excess of \$250,000. Note: If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

Note for Question 9.

For purposes of this question, a judgment of liability in an administrative or civil action would include a finding or admission that the individual engaged in an unlawful practice relating to the solicitation of contributions or the administration of charitable assets.

11. Provide the place where and the date when the organization was established.
12. What is the form of the organization? (e.g. non-profit association, non-profit corporation)
13. Does the organization intend to solicit contributions from the general public?

NJ OFFICE OF THE ATTORNEY GENERAL

Division of Consumer Affairs

Charities Registration & Investigation Section

Addendum to the Long Form Renewal Registration Form

CRI-300R

Page 2 of 2

Organization Name: _____ ***Charities Number: CH*** _____

Fiscal Year End being reported: ____/____/____ ***Renewal Registration***

14. List the names, street addresses and telephone numbers of each affiliate which shares in the contributions or revenue raised in New Jersey. (Attach additional sheets as necessary.)
15. Is the organization authorized by any other state to solicit contributions? If so, please list those states
16. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without admissions of liability) with any jurisdiction, state or federal agency or officer? If so, please attach a copy of the relevant document.

Signature _____ Print Name & Title _____ Date _____
Signature _____ Print Name & Title _____ Date _____



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NEWARK, NJ 07101
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Long Form Renewal Registration Statement - CRI-300RC
Confidential Information

Organization Name: _____

CH _____

New Jersey Charities Registration Number

1. Are any of the organization's officers, directors, trustees or five most highly compensated employees related by blood, marriage or adoption to:
 - a. each other? ☐ Yes ☐ No
 - b. any officers, agents, or employees of any fund raising counsel or independent paid fund raiser under contract to the organization? ☐ Yes ☐ No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?
☐ Yes ☐ No If you answered "YES," to any of the above, complete question 2.
2. Provide the following information for each of the organization's officers, directors, trustees, and salaried executive staff employees: (A list may be attached.)

Name	Title	Home address	Telephone number (Include area code)	Relationship
------	-------	--------------	---	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Signature _____

NJ OFFICE OF THE ATTORNEY GENERAL
Division of Consumer Affairs
Charities Registration & Investigation Section

Addendum to the Long Form Renewal Registration Confidential Form

CRI-300RC

Page 1 of 1

Confidential Information

Organization Name: _____ ***Charities Number: CH*** _____

Fiscal Year End being reported: ____ / ____ / ____ ***Registration Renewal Confidential***

1d: If you answered “Yes” to questions 1a, b or c, please provide a statement explaining these relationships.

Question 2A: Do any of the organization’s officers, directors, trustees or five most highly compensated employees have a financial interest in any activity engaged in by a fund raising counsel or independent paid fund raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? If so, please provide a statement providing the details of these relationships, and identify the name, business address and telephone number of all interested parties.

Signature _____ Print Name & Title _____ Date _____
Signature _____ Print Name & Title _____ Date _____